

CERTIFICATION OF CITIZENSHIP OR ALIEN STATUS

Federal law requires that to be eligible for AFDC, Food Stamps, and Medicaid, all applicants and recipients must certify whether they are U.S. citizens or aliens living in the U.S. in satisfactory immigration status. Aliens must provide documentation of their status. The Department will verify alien status with the Immigration and Naturalization Service (INS). Information from INS may affect eligibility and amount of assistance.

If you are neither a U.S. citizen nor an alien in satisfactory immigration status, you may still be eligible for certain Medicaid benefits. Call your local welfare office for more information.

Instructions are on the back of this form.

By signing my name below, I certify, under penalty of perjury, that I am a U.S. citizen or alien in satisfactory immigration status. Adult household members must sign the statement for members under 18 years of age. In the absence of an adult in the household, the applicant may sign for non-adult members.

| Household Member | check one | | Alion | Alien Admission or Registration Number | | | | | |
|---------------------|------------------|-------|--------------|--|-------------------|--------|--------------|-----------------|---------|
| | Citizen | Alien | Wilei | Authission of Degistration Number | | | | | |
| Name (please print) | | | | | | | | | |
| Signature | •' | - | Date signed | <u> </u> | -' <u>-</u> | | A | | L., _ |
| Name (please print) | | , | | | | | | | |
| ignature | | | LDate signed | <u> </u> | ! | | L | | L |
| Name (please print) | | | | | | | | | |
| Signature | t ' | | Date signed | | | | | | |
| Name (please print) | | | | | | | | | |
| Signature | | | Date signed | <u> </u> | -' - - | L | | | |
| Name (please print) | | | | | | | | | |
| Signature | _ • | | Date signed | <u> </u> | ·· | · — —- | 1 | - ' | |
| Name (please print) | | | | | | | | | |
| Signature , | | | Date signed | | | | | | |
| | | | | | | | | | |

| Department I | Use Only (Alien Information) |
|---|--|
| Local Welfare Office | Central Office SAVE Unit |
| Date Sent | Primary Verification Date |
| LWO | Secondary Verification Requested from LWO Date |
| Case Manager | nequested (IOII) LWO Date |
| Type of Assistance: (Please circle all applicable programs.) | |
| AFDC RRP/AFDC RRP/MA FS MA | |